

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1					
3	2		2			
4	2		2			
5	1		1			
6	0		0			
7	2		2			
8	2		2			
9	1		1			
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TOTAL IND.	3		4			
TOTAL DEP.	10	→	14	→	14	→
TOTAL CLAIMS	13		8		4	

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL IND.						
TOTAL DEP.		→		→		→
TOTAL CLAIMS						